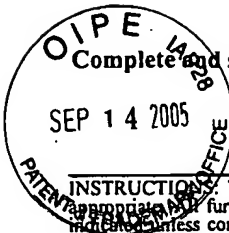


**PART (B) - FEE(S) TRANSMITTAL**



Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Use Block 1 for any change of address)

30031 7590 06/16/2005

**MICHAEL W. HAAS, INTELLECTUAL PROPERTY COUNSEL**  
**RESPIRONICS, INC.**  
**1010 MURRY RIDGE LANE**  
**MURRYSVILLE, PA 15668**

**Express Mail Label No. EL 997385283 US**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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|                           |                    |
|---------------------------|--------------------|
| <b>Michael W. Haas</b>    | (Depositor's name) |
| <i>Michael W. Haas</i>    | (Signature)        |
| <b>September 14, 2005</b> | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/706,153      | 11/12/2003  | Shari S. Barnett     | 98-25 C3            | 7579             |

**TITLE OF INVENTION: NASAL MASK AND SYSTEM USING SAME**  
**09/16/2005 HDESTA2 00000059 10706153**

| 01 FC:1501     | 1400.00 OP   |           |                 |                  |            |
|----------------|--------------|-----------|-----------------|------------------|------------|
| 02 LC:1504     | 200.00 OP    |           |                 |                  |            |
| APPL. TYPE     | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 09/16/2005 |

| EXAMINER           | ART UNIT | CLASS-S UBCLASS |
|--------------------|----------|-----------------|
| RAGONESE, ANDREA M | 3743     | 128-207130      |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael W. Haas

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Respironics, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Murrysville, Pennsylvania, USA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0558 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Michael W. Haas*

Date September 14, 2005

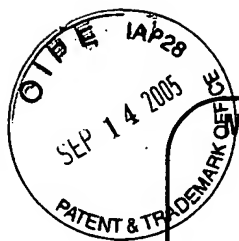
Typed or printed name

Michael W. Haas

Registration No. 35,174

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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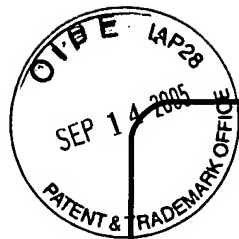
|   |  |                     |                   |
|---|--|---------------------|-------------------|
| <b>Mail Stop Issue Fee</b><br><b>TRANSMITTAL FORM</b><br>(To be used for all correspondence after initial filing) |  | Application Number  | 10/706,153        |
|   |  | Filing Date         | November 12, 2003 |
|   |  | Confirmation Number | 7579              |
|   |  | Inventor(s)         | BARNETT et al.    |
|   |  | Group Art Unit      | 7579              |
| Express Mail Label No.: EL 997385283 US   |  | Examiner            | Ragonese, A.      |
| Total Number of Pages in This Submission: 7   |  | Attorney Docket No. | 98-25 C3          |

| ENCLOSURES (check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br>(submit in duplicate)                   | <input type="checkbox"/> Assignment Papers  | <input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet |
| <input checked="" type="checkbox"/> Fee Attached \$ 1,700.00  | <input type="checkbox"/> Cover Sheet  | <input type="checkbox"/> After Allowance Communication to Group                                 |
| Check No.: 353302   | <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences             |
| <input type="checkbox"/> Amendment / Response   | <input type="checkbox"/> Request for Return of PTO-1449 Forms                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)      |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to the Commissioner                               | <input type="checkbox"/> Request for Continued Examination (RCE)                                |
| <input type="checkbox"/> Affidavits / Declaration(s)  | <input type="checkbox"/> To Convert a Provisional Application                       | <input type="checkbox"/> Status Request Letter  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Power of Attorney, Revocation Change of Address            | <input type="checkbox"/> Small Entity Statement   |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Terminal Disclaimer(s)                                     | <input type="checkbox"/> Request for Refund   |
| <input type="checkbox"/> Form PTO-1449  | <input type="checkbox"/> Certified Copy of Priority Document(s)                     | <input type="checkbox"/> Response to Missing Parts / Incomplete Application                     |
| <input type="checkbox"/> Cited References   | <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail          |   |
| <input type="checkbox"/> Search report  |   |   |
| <input type="checkbox"/> Drawing(s): Number of Pages _____<br>Number of Figs. _____ and cover sheet | <input type="checkbox"/> Other Enclosure(s): _____                                  |   |
| <input type="checkbox"/> Formal   |   |   |
| <input type="checkbox"/> Informal   |   |   |

Current Due Date: September 16, 2005

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Individual and Company                     | Michael W. Haas, Reg. No. 35,174<br>RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668 |
| Signature                                  |   |
| Date                                       | September 14, 2005  |

| CERTIFICATE OF MAILING   |                                  |      |                    |
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| I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:<br>Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>September 14, 2005</u> ,<br>Express Mail Label No. <u>EL 997385283 US</u> . |                                  |      |                    |
| Typed Name   | Michael W. Haas, Reg. No. 35,174 |      |                    |
| Signature  |                                  | Date | September 14, 2005 |

**FEE TRANSMITTAL**

(Effective 12/08/2004)

"Express Mail" Label No. EL 997385283 US

**TOTAL AMOUNT OF PAYMENT** \$ 1,700.00

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/706,153        |
| Filing Date          | November 12, 2003 |
| First Named Inventor | BARNETT et al.    |
| Confirmation Number  | 7579              |
| Group Art Unit       | 3743              |
| Examiner's Name      | Ragonese, A.      |
| Attorney Docket No.  | 98-25 C3          |

| METHOD OF PAYMENT  |                       | FEE CALCULATION (continued)   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
|--|-----------------------|---|-----------------|--|--------------|-----------|---------|------|-----|-------------|---------|--------|-----|-------------------------------|-----|--|-------|-----------------------|-----------------------|-----------------|---------|---------|------------------------|----------|----------|-----------------------------------|-------------|----------|--------------------------|----------|----------|---|---------|----------------|---|----------------|-----------------|-----------------|----------|------|-----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|-----|----|-----|----|--|--|------|-----|------|----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-------|------|-------|---|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--------------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--|--|------|-------|------|-----|--------------------------------|----------|------|-----|------|-----|------------------|--|------|-----|------|----|----------------------|--|------|-----|------|-----|---------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|-----------------|--------|---------------------------|--|--|--|--|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <b>50-0558</b><br>Deposit Account Name <b>Respironics, Inc.</b><br><input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input checked="" type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18   |                       | <b>3. APPLICATION SIZE FEE</b><br>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).<br>Total Sheets _____ Extra Sheets _____ Number of each additional 50 fraction thereof _____ Fee(\$) _____ Fee Paid(\$) _____<br>_____ -100 = _____ /50 = _____ (round up to a whole number) X 250 = <u>0.00</u> |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| <b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed:<br>Check (Check No. <b>353302</b> )  |                       | <b>4. ADDITIONAL FEES</b>   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| <b>FEE CALCULATION (fees effective 12/08/2004)</b>   |                       |   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| <b>1. BASIC FILING, SEARCH, AND EXAM FEES</b><br>(Large Entity Only)<br><table><thead><tr><th>Appl. Type</th><th>Filing Fee(\$)</th><th>Search Fee(\$)</th><th>Exam Fee(\$)</th><th>Fees Paid</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>500</td><td>200</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>130</td><td></td></tr><tr><td>Plant</td><td>200</td><td>300</td><td>160</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>500</td><td>600</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>0</td><td>0</td><td></td></tr></tbody></table><br><b>SUBTOTAL (1)</b> \$ 0.00   |                       | Appl. Type  | Filing Fee(\$)  | Search Fee(\$)   | Exam Fee(\$) | Fees Paid | Utility | 300  | 500 | 200         |         | Design | 200 | 100                           | 130 |  | Plant | 200                   | 300                   | 160             |         | Reissue | 300                    | 500      | 600      |                                   | Provisional | 200      | 0                        | 0        |          | <table><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or declaration</td><td></td></tr><tr><td>1811</td><td>100</td><td>1811</td><td>100</td><td>Certificate of Correction</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>576</td><td>25</td><td>576</td><td>25</td><td>Additional filing receipt, duplicate or corrected due to applicant error</td><td></td></tr><tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for response within first month</td><td></td></tr><tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for response within second month</td><td></td></tr><tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for response within third month</td><td></td></tr><tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for response within fourth month</td><td></td></tr><tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for response within fifth month</td><td></td></tr><tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr><tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr><tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr><tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td>1,400.00</td></tr><tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr><tr><td>1814</td><td>130</td><td>2814</td><td>65</td><td>Statutory Disclaimer</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Director</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of property)</td><td></td></tr><tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination</td><td></td></tr><tr><td>1504</td><td>300</td><td>1504</td><td>300</td><td>Publication Fee</td><td>300.00</td></tr><tr><td colspan="5">Other Fee (specify) _____</td><td></td></tr></tbody></table><br><b>SUBTOTAL (3)</b> \$ 1,700.00 |         | Large Fee Code | Entity Fee (\$)   | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or declaration |  | 1811 | 100 | 1811 | 100 | Certificate of Correction |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 576 | 25 | 576 | 25 | Additional filing receipt, duplicate or corrected due to applicant error |  | 1251 | 120 | 2251 | 60 | Extension for response within first month |  | 1252 | 450 | 2252 | 225 | Extension for response within second month |  | 1253 | 1,020 | 2253 | 510 | Extension for response within third month |  | 1254 | 1,590 | 2254 | 795 | Extension for response within fourth month |  | 1255 | 2,160 | 2255 | 1,080 | Extension for response within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal |  | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |  | 1403 | 1,000 | 2403 | 500 | Request for oral hearing |  | 1452 | 500 | 2452 | 250 | Petition to revive unavoidably abandoned application |  | 1453 | 1,500 | 2453 | 750 | Petition to revive unintentionally abandoned application |  | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) | 1,400.00 | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1814 | 130 | 2814 | 65 | Statutory Disclaimer |  | 1460 | 130 | 1460 | 130 | Petitions to the Director |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of property) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination |  | 1504 | 300 | 1504 | 300 | Publication Fee | 300.00 | Other Fee (specify) _____ |  |  |  |  |  |
| Appl. Type   | Filing Fee(\$)        | Search Fee(\$)  | Exam Fee(\$)    | Fees Paid  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Utility  | 300                   | 500   | 200             |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Design   | 200                   | 100   | 130             |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Plant  | 200                   | 300   | 160             |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Reissue  | 300                   | 500   | 600             |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Provisional  | 200                   | 0   | 0               |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid     |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1051   | 130                   | 2051  | 65              | Surcharge - late filing fee or declaration                               |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1811   | 100                   | 1811  | 100             | Certificate of Correction  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1812   | 2,520                 | 1812  | 2,520           | For filing a request for reexamination                                   |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 576  | 25                    | 576   | 25              | Additional filing receipt, duplicate or corrected due to applicant error |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1251   | 120                   | 2251  | 60              | Extension for response within first month                                |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1252   | 450                   | 2252  | 225             | Extension for response within second month                               |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1253   | 1,020                 | 2253  | 510             | Extension for response within third month                                |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1254   | 1,590                 | 2254  | 795             | Extension for response within fourth month                               |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1255   | 2,160                 | 2255  | 1,080           | Extension for response within fifth month                                |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1401   | 500                   | 2401  | 250             | Notice of Appeal   |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1402   | 500                   | 2402  | 250             | Filing a brief in support of an appeal                                   |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1403   | 1,000                 | 2403  | 500             | Request for oral hearing   |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1452   | 500                   | 2452  | 250             | Petition to revive unavoidably abandoned application                     |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1453   | 1,500                 | 2453  | 750             | Petition to revive unintentionally abandoned application                 |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1501   | 1,400                 | 2501  | 700             | Utility issue fee (or reissue)   | 1,400.00     |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1502   | 800                   | 2502  | 400             | Design issue fee   |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1814   | 130                   | 2814  | 65              | Statutory Disclaimer   |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1460   | 130                   | 1460  | 130             | Petitions to the Director  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1807   | 50                    | 1807  | 50              | Petitions related to provisional applications                            |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1806   | 180                   | 1806  | 180             | Submission of Information Disclosure Stmt                                |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 8021   | 40                    | 8021  | 40              | Recording each patent assignment per property (times number of property) |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1801   | 790                   | 2801  | 395             | Request for Continued Examination  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1504   | 300                   | 1504  | 300             | Publication Fee  | 300.00       |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Other Fee (specify) _____  |                       |   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| <b>2. CLAIMS</b><br><table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>_____</td><td>_____ x</td><td>50 =</td><td></td></tr><tr><td>Ind. Claims</td><td>_____ x</td><td>200 =</td><td></td></tr><tr><td colspan="3">Multiple Dependent Claims add</td><td>360 =</td></tr></tbody></table><br>* Enter Highest Number Previous Paid For _____<br><table><thead><tr><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202 50</td><td>2202 25</td><td>Claims in excess of 20</td></tr><tr><td>1201 200</td><td>2201 100</td><td>Independent claims in excess of 3</td></tr><tr><td>1203 360</td><td>2203 180</td><td>Multiple dependent claim</td></tr><tr><td>1204 200</td><td>2204 100</td><td>Reissue independent claims over original patent</td></tr><tr><td>1205 50</td><td>2205 25</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table><br><b>SUBTOTAL (2)</b> \$ 0.00 |                       | Total Claims  | Extra Claims    | Fee from Below   | Fee Paid     | _____     | _____ x | 50 = |     | Ind. Claims | _____ x | 200 =  |     | Multiple Dependent Claims add |     |  | 360 = | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | 1202 50 | 2202 25 | Claims in excess of 20 | 1201 200 | 2201 100 | Independent claims in excess of 3 | 1203 360    | 2203 180 | Multiple dependent claim | 1204 200 | 2204 100 | Reissue independent claims over original patent   | 1205 50 | 2205 25        | Reissue claims in excess of 20 and over original patent |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Total Claims   | Extra Claims          | Fee from Below  | Fee Paid        |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| _____  | _____ x               | 50 =  |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Ind. Claims  | _____ x               | 200 =   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Multiple Dependent Claims add  |                       |   | 360 =           |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$) | Fee Description   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1202 50  | 2202 25               | Claims in excess of 20  |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1201 200   | 2201 100              | Independent claims in excess of 3   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1203 360   | 2203 180              | Multiple dependent claim  |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1204 200   | 2204 100              | Reissue independent claims over original patent   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |
| 1205 50  | 2205 25               | Reissue claims in excess of 20 and over original patent   |                 |  |              |           |         |      |     |             |         |        |     |                               |     |  |       |                       |                       |                 |         |         |                        |          |          |                                   |             |          |                          |          |          |   |         |                |   |                |                 |                 |          |      |     |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |        |                           |  |  |  |  |  |

| SUBMITTED BY          |                 |      |                    |                        |         |
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| Signature             |                 | Date | September 14, 2005 | Deposit Account Number | 50-0558 |



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION of

Inventor : BARNETT et al.  
Appln. No. : 10/706,153  
Conf. No.: : 7579  
Filed: : November 12, 2003  
Title: : NASAL MASK AND SYSTEM USING SAME  
Group Art Unit : 3743  
Examiner : Ragonese, A.  
Docket No. : 98-25 C3

\* \* \* \* \*

September 14, 2005

**PAYMENT OF ISSUE FEE**

Hon. Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

Sir:

Enclosed herewith are the following for filing in connection with the above-identified U.S. patent application:

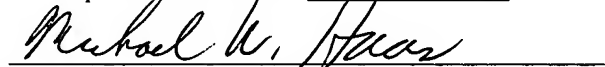
- 1) A completed Issue Fee Transmittal Form - PTOL 85(b)(1 page);
- 2) Check No. 353302 in the amount of \$1,700.00;
- 3) Fee Transmittal Form (1 page, 2 copies);

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on September 14, 2005 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

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BARNETT et al. -- Appln. No.: 10/706,153

- 4) Transmittal Form (1 page); and
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As noted in the Fee Transmittal Form submitted herewith, the Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 50-0558.

Respectfully submitted,

By Michael W. Haas

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